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ABSTRACT

Recently, investigators in behavior and community disciplines have advocated the adoption of positive prevention approaches for life transition problem-solving. Techniques in physiological, cognitive, and behavioral modalities were incorporated into a broad-based intervention program focusing on the acquisition of coping responses to handle life transitions for a group of adolescent high school seniors. It was hypothesized that students exposed to such a program would evidence higher self-efficacy and would use more cognitive restructuring strategies and problem-solving skills. Three classes of inner-city high school seniors were randomly assigned to an experimental (intervention) or control group. Results supported the hypothesis. Additionally, the program was positively perceived by both the seniors and school staff. (Author/HLM)

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Teaching Competencies in a Clinical-Child Preventive Intervention

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In recent years, influential investigators in behavioral and community disciplines have advocated the adoption of a more positive, preventive approach. For example, Bandura (1978) has urged behaviorists to consider shifting their deficit orientation to one stressing the development of skills and the expansion of potentials. Likewise, a principal tenet of the community movement has been a primary preventive orientation. Albee (1978) has argued that one of the best strategies for primary prevention involves equipping individuals with personal and environmental resources for coping. Both behavioral and community theorists might profit from focusing on transitions as a key time point for implementing competency enhancing, preventive interventions (Jason & Glenwick, 1980).

All individuals are regularly exposed to milestone developmental transitions which are characterized as progressing through three epigenetic stages: initial psychological and physical turmoil; painful preoccupation with the past; and finally remobilization, activity, and adjustment (Cumming & Cumming, 1962). The way individuals cope with the process of change determines whether transitions are successfully or unsuccessfully handled (Parkes, 1971). Inadequately dealing with these developmental milestone events might adversely prepare individuals for future transitions, whereas mastery of these situations might lead to enhancement of capacities to successfully cope with future transitions (Zax & Cowen, 1976).

Primary preventive interventions might be geared towards developing adaptive coping skills to successfully navigate developmental transitions.

McCandless (1970) has referred to adolescense as a period of transitions, when youngsters must adjust to striking changes in their bodies, social roles, and societies' attitude toward them. The traumatic consequences of moving from a child to an adult role in society are dramatic; suicide is the fourth ranking cause of death among youngsters 15-19 (Teicher & Jacobs, 1966), and one third of high school children drop out of school (Ginzberg, 1968). Given such stark findings, adolescence might be characterized as a modified crisis situation, where the urgent need is to find one's identity (Erickson, 1956). Conceivably, the question "What am I?" might be operationalized as the role one assumes as well as the coping responses utilized in resolving daily life issues. Regrettably, schools provide only indirect assistance in clarifying and enhancing role development, and establishing requisite repertories to adequately master developmental transitions. For example, schools rarely directly attempt to foster the development of intimate relationships, either sexual or friendship, and thus youngsters are forced to explore issues of intimacy versus isolation (Erickson, 1963) with a paucity of formal guidance. In addition, most graduating seniors leave high school with an inadequate background to adequately identify and pursue appropriate vocational objectives (Trent & Medsker, 1965). Once again, inadequate preparation for a major milestone transition creates unwitting hazards for adolescents who must learn to work realistically and take enjoyment in their industry (Erickson, 1963). More than likely, schools would profit from developing specific intervention programs geared

toward developing constructive and realistic strategies to handle extant and anticipated transitional events.

A particularly anxiety provoking tansition, which activates many of the issues mentioned above, concerns graduation from high school. At this time point, adolescents separate from parents, siblings and close friends; obtain greater autonomy in making important decisions; establish new friendships; experience pressures for greater intimacy and sexuality; and deal with new intellectual challenges (Hamburg & Adams, 1967). Silber, Hamburg, Coelho, Murphey, Rosenberg and Pearlin (1961) studied coping behaviors in a group of competent college-bound high school seniors, and found they worried beforehand to prepare adequately for dealing with stress without being overwhelmed, lowered their level of aspiration, selectively perceived encouraging elements in new situations, rehearsed in phantasy useful behaviors needed to deal with future events, engaged in the role rehearsal, and learned about a new situation in advance. In another study, Hamburg and Adams (1967) found that successful college freshmen utilized friendships to clarify new self definitions, to learn coping skills, and to provide support in times of crisis. When these competent freshmen were compared to those needing psychiatric hospitalization during the year of college, the competent youngsters coped with problem situations through active efforts. In addition, they optimistically viewed peers. In sharp contract, the hospitalized group perceived few solutions to problem situations and attributed considerable malevolence to peers. Conceivably, youngsters about to graduate from high school could be provided transition training experiences which incorporate several of the coping strategies enumerated above.

Several theorists have speculated about potential positive consequences

of transition training programs. Cumming and Cumming (1962), for example, stated that offering youngsters graded crisis experiences to work through under circumstances which favor successful outcomes, might facilitate acquisition of resources to handle later crises. Caplan (1965) also advocated transition training programs to foster acquisition of protective responses by introducing limited stress under controlled conditions (i.e., first imagining an impending crisis with its concomitant negative affect, then intervening with guidance, contemplation of alternatives, and rehearsal of options).

While general transition training programs as described by Cummings, Cummings, and Caplan have not as yet been developed, several investigators have implemented more specific interventions for particular transitions. For example, Matese, Shorr and Jason (in press) established behavioral child management skills in parents prior to the birth of their first child. Broussard (1977) enhanced parents' self-esteem by involving them in mother-infant groups one month after the birth of their child. In an effort to prevent onset of dental anxiety, Poser and King (1975) brought youngsters to a dentist's office up to 10 times before their first dental treatment. Prior to and during children's entry into kindergarten, Signell (1972) conducted small parent group meetings to strengthen crisis resolution skills and provide parents a forum to discuss feelings concerning their children's transitions. Douglas and Jason (1979) instructed a first time teacher in behavioral techniques which enabled her to manage children in a first grade classroom effectively. Following the closing of an inner-city elementary school, Bogat, Jones and Jason (in press) provided transfer children with a behavioral orientation program to facilitate their entrance into a new

school system. In an attempt to prevent onset of speech anxiety, Cradock, Cotler, and Jason (1978) provided youngsters entering high school behavioral strategies which increased their confidence in public speaking. Finally, Boyd, Shueman, McMullan & Fretz (1979) established transition groups for minority students entering college to facilitate the development of friendship contact and provide them an opportunity to discuss problems. While the above preventive interventions focused on specific developmental transitions (i.e., birth of first child, school entrance), it is possible to conceptualize more broad-based training programs preparing youngsters for diverse transitions encountered during adolescence.

In devising comprehensive transition training programs, it might be possible to borrow experimentally derived principles inherent within behavioral self-control interventions (Goldfried & Merbaum, 1973; Kanfer & Phillips, 1970; Mahoney & Thoresen, 1974; Watson & Tharp, 1972). One variant of these programs, a stress-inoculation model, has been effective with phobias, interpersonal anxiety, anger, and pain (Meichenbaum & Turk, 1976; Jaremko, 1979). Within this model, clients are initially provided a rationale for their typical physiological, cognitive, and behavioral responses to stressful events; then they are taught specific strategies for dealing with stress which include: physical coping (e.g., muscle relaxation), cognitive restructuring (replacing negative with positive self statements), and behavioral rehearsal (role-playing specific ways of dealing with stressors). Several investigators have utilized components of the stress-inoculation model in prevention oriented interventions. For example, Miller and Kassinove (1978), successfully taught school children cognitive restructuring techniques (i.e., basic principles of rational emotive therapy). Hartman's (1979)

intervention, directed at high-risk ninth and tenth graders, facilitated more effective ways of responding to routine and stressful interpersonal situations by utilizing principles of stress management, cognitive restructuring tactics, and social skills training. Finally, Brown (1975) also employed a package approach in teaching college students self-control skills (i.e., progressive relaxation, systematic desensitization, assertiveness training). Another component of self-control concerns the ability to solve interpersonal problems. Shure and Spivack (Note 1), and Press, Alvarez, Jason, and Cotler (Note 2) have used instructions and role playing to enhance children's problem solving abilities (i.e., generating alternative solutions to problems, identifying appropriate consequences of one's actions). The above stress inoculation and problem solving procedures - which attempted to lower elevated levels of physiological arousal, alter self-defeating cognitive interpretations of stress, and expand behavioral alternatives for dealing with stressful events - might be effectively utilized in preventive interventions aimed at enabling youngsters to better cope with developmental transitions.

While specific transition training programs have been implemented, none have been geared toward the development of generic skills applicable to diverse transitions. Advocates of the stress-inoculation and problem solving models have identified effective techniques in physiological, cognitive, and behavioral modalities for amelioration of target disorders as well as an enhancement of self-control. Conceivably, these strategies could be incorporated into a broad-based preventive intervention focusing on acquisition of coping responses to handle milestone life transitions. The present study provided such an intervention to a group of adolescents who were presently preparing for graduation from high school. It was hypothesized that youngsters exposed

to such a program, in comparison to controls, would evidence higher self-efficacy, and would use more cognitive restructuring strategies and problem solving skills.

Method

Participants

Three classes of seniors at a Chicago inner-city high school were involved in the study. Within each class, youngsters were randomly assigned to an experimental (E) or control (C) condition. Initially, 33 children were placed in the E group and 32 in the C condition. Data losses (i.e., due to youngsters transferring to a new school, being absent when testing occurred, or requesting not to participate in the study), however, reduced the sample to 27 E and 30 C youngsters. In this final sample, there were 19 females and 8 males in the E condition, and 23 females and 7 males in the C group. There were no significant sex differences between conditions ($\chi^2(1) = .59$). In the E group, there were 13 Latinos, 11 Blacks, 2 Caucasians, and 1 Oriental; in the C group, 12 youngsters were Latino, 11 were Black, 5 were Caucasian, and 2 were Oriental. There were also no significant race differences between E and C conditions ($\chi^2(3) = .68$).

Intervention

Two psychology graduate students led three E groups. Each of the groups met about 45 minutes during 6 weekly sessions. Group size ranged from 8 to 10. In order to participate in the study, the E youngsters were taken out of a religious studies class. Since the program occurred towards the end of the school year, the seniors were told by their instructor that very little academic work would be missed during the 6-week transition training project.

There were three parts to the transition training program, and each involved two sessions. The three component parts focused on teaching adaptive coping responses which involved either relaxation exercises, cognitive restructuring techniques, or problem solving procedures. During each of the sessions, the youngsters were exposed to several transitions which involved either family-peer (e.g., engagement, breaking up with a girlfriend/boyfriend), school (e.g., graduating high school, entering college or professional school), or work (e.g., getting a first full-time job, being promoted to a job having more responsibilities) issues. All the youngsters were involved in role-playing various scenes involving these transitions. Following the role play, the participants discussed how they felt about the transition, how effectively they dealt with the crises, and which specific coping strategies were employed.

During the first two sessions, the participants were informed that during transitions, heightened levels of emotional arousal are often experienced. These elevated levels of arousal can become maladaptive if experienced over a prolonged period of time. The youngsters then discussed various techniques they employed to effectively reduce excessive arousal or anxiety. Following this discussion, the seniors were given the rationale for progressive muscle relaxation (Jacobson, 1929). Using a script written by Goldfried and Davison (1976, pp. 87-93), the seniors were taught how to relax by tensing and relaxing various muscle groups. Prior to each induction, the youngsters were given an anxiety promoting transition to imagine. After the progressive relaxation exercise, the youngsters discussed how effective this relaxation technique might be in alleviating anxiety due to crisis situations. Other techniques the participants occasionally used were also discussed (e.g., meditation,

sleeping, listening to quiet music). Following each of the first two sessions, the participants were asked to spend some time each day practicing the progressive relaxation exercises at home.

During the next two sessions, the particpants were instructed in cognitive restructuring techniques. The seniors were first acquainted with the notion that personal beliefs and self-statements can affect one's mood. In addition, they were told that when difficult transitions are encountered, irrational beliefs or negative self-statements might arise. Next, each of Ellis' (1962) 11 irrational beliefs were discussed (e.g., "It is a necessity for us to be loved and approved by everyone we know." "To be worthwhile, we need to be competent, adequate, and achieving in everything."). The seniors were then given situations involving transitions to role play. Within each of these scenes, one actor adopted an irrational belief; the other attempted to show a more rational way of thinking. Following each role play, the participants had a chance to discuss how the adoption of a rational or irrational belief might affect our ability to successfully handle transitions.

During the final two sessions, the seniors had a chance to practice relaxation and cognitive restructuring tactics, as well as learning problem solving strategies. The seniors were initially told that during perplexing life situations, many are confronted with problems which seem difficult to resolve. In order to become a more effective problem solver, five stages of problem solving (D'Zurilla & Goldfried, 1971) were presented and discussed (i.e., general orientation, problem definition, generating alternative solutions, decision-making, and verification). All the youngsters then had a chance to role play a transitional event, with one senior attempting to help the other with the difficult life situation. A prompt file card was given to

the "helpers" so that they would remember to offer advice based on the various coping strategies (i.e., relaxation, rational thinking, steps involved in problem solving) learned during the previous weeks. Following the role-plays, all the youngsters discussed how effective the various coping strategies might have been in resolving the transitional events.

Dependent Variables

Six sets of pre-post criterion measures were employed. The measurement indices tapped written strategies used in coping with transitions, self-efficacy, rational thinking, problem solving abilities, life stress, and social supports. In addition, a consumer satisfaction questionnaire was administered to project participants.

Coping Strategies Test. During two pre-testing sessions, as well as at the last testing session, all seniors were presented with a scene depicting a potentially traumatic transition (e.g., first date, first part-time job). Each scene involved an individual evidencing some anxiety, some negative self-expressions, and uncertainty about how to resolve the difficulty. The youngsters were asked to list the strategies they might use to resolve the transition. Each written response was analyzed to determine the number of words used and whether one or more of the following coping responses were made:

relaxation — any attempt to reduce nervousness or calm oneself down through muscle relaxation. Credit is given if the youngster indicates an effort to calm down, relieve tension, or relax.

Cognitive restructuring — any attempt to reduce illogical reasoning or negative self-statements through positive self-statements, positive evaluations of situations,

and statements used to divert one's thoughts in an effort to reduce nervousness.

problem solving -- any attempt to both generate alternatives and select a solution with the most appropriate consequence.

social supports -- friends or family members are used for advice, support, or information, or efforts at establishing friendships or being around peers to feel more comfortable in a situation.

Two judges independently rated 50 written responses on the categories above and obtained interrater reliabilities of 98% for muscle relaxation, 88% for cognitive restructuring, 99% for problem solving, and 94% for social supports.

Self-Efficacy. Self-efficacy refers to the conviction that one can successfully execute a behavior to produce a certain outcome. Bandura and Adams (1977) developed a short self-efficacy scale involving snake phobias. Using this scale as a model, the present study's self-efficacy scale measured whether or not the participants think they could perform a list of behaviors (when necessary, become completely relaxed; change negative thoughts to positive ones; successfully solve personal problems; use friends and family in solving difficulties; successfully cope with transitions). Then, each item was rated on a 5 point scale to determine their confidence in completing the task. Higher numbers indicated more confidence. The responses are scored for level (the number of tasks they felt they could perform) and strength (the average confidence score).

Illogical Statements. Jones (1968) has developed a 100-item Irrational Beliefs Test (IBT) based on the notion that a major factor in emotional problems is the holding of certain irrational beliefs. Adequate reliability estimates have been found for this test. On each item, there is a 5 point scale according to how strongly one agrees or disagrees with each item. Lower scores indicate more rational thinking processes.

Problem Solving. All youngsters completed the Adolescent Problems Inventory (Freedman, Rosenthal, Donahoe, Schlundt, & McFall, 1978). The test measures youngsters' competencies in solving daily personal and social problems. The multiple choice format of this test was used. Higher scores indicate better problem-solving abilities.

Life Stress. Sarason, Johnson, and Siegel (1978) have recently developed the Life Experiences Survey (LES) to measure life changes. The LES is a moderately reliable instrument which measures life changes and is relatively free from social desirability. It provides separate assessments of positive, negative, and total life experiences.

Social Supports. All youngsters filled out the Social Support System Rating Scale (Cauce, Felner, Ginter & Primavera; Note 3). This scale has high internal reliability. The scale has three stable factors consisting of family (i.e., parents, relatives), formal (i.e., guidance counselor, teachers, principal, clergyman, employment officer) and informal (i.e., friends, an adult not mentioned) support systems.

Consumer Satisfaction. At program end, all E students completed the consumer satisfaction questionnaire. This questionnaire has a series of 5-point scales which tap students' opinions concerning whether the goals of

the program were met, their satisfaction with techniques used in this intervention, their feelings about the group leaders, and their willingness to recommend the program to others.

Results

Coping Strategies

Table 1 presents the data on the E and C youngsters' use of coping

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Insert Table 1 about here

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strategies. Experimental versus C differences were tested using Chi squares with Yates' correction for continuity. At the prepoint, there were no significant differences between the E and C conditions for any of the four coping strategies. At the postpoint, the E group used significantly more cognitive restructuring statements than the C group ($\chi^2(1) = 12.22$, $p < .01$). There were no other E versus C significant differences at the postpoint testing period.

Multivariate Analysis

The 11 variables having interval data were analyzed by a multivariate analysis of variance at the prepoint and at the postpoint. The 11 variables included the number of words used in the coping strategies and the scores on the two self-efficacy tests, the Irrational Beliefs Test, the Adolescent Problems Inventory, the Life Experiences Survey (positive, negative and total), and the Social Support System Rating Scale (family, formal, informal). There were no significant E versus C prepoint differences among the variables ($F(1,45) = .82$). At the postpoint, there were significant E versus C differences among the variables ($F(11,40) = 2.84$, $p < .01$). Table 2 presents

the data on these 11 variables at both pre and postpoints.

Insert Table 2 about here

Univariate Analyses

Each of the 11 variables was analyzed by a repeated measures analysis of variance. Comparisons which were significant are reported below. There was a significant pre versus post difference in the number of words used in coping strategies ($F(1,55) = 3.93$, $p < .05$). For the number of tasks in the Self-Efficacy test, there was a significant treatment by time interaction ($F(1,55) = 3.93$, $p < .05$). For the Irrational Beliefs test, there was a significant pre versus post difference ($F(1,52) = 9.99$, $p < .01$), and treatment by time interaction ($F(1,52) = 5.18$, $p < .05$). There was also a significant time by treatment interaction for the positive score of the Life Experiences Survey ($F(1,54) = 3.87$, $p < .05$). Finally, for both family and formal Social Support Systems Rating Scale, there were significant pre versus post differences ($F(1,55) = 10.06$, $p < .01$, and $F(1,55) = 12.99$, $p < .01$, respectively).

A Priori Comparisons

Positive changes were predicted for the number of words used in the coping strategies, the Self-Efficacy tests, the Irrational Beliefs Test, and the Adolescent Problem Inventory. Planned orthogonal comparisons (Kirk, 1968) were conducted on the variables where significant univariate results had emerged. There were no significant pre versus post differences for the C group. There were significant pre versus post positive changes in the E group for number of words employed ($t(55) = -1.87$, $p < .05$), number of

tasks in the Self-Efficacy test ($t(55) = -1.99$, $p < .05$), and sum score on the Irrational Beliefs test ($t(52) = 3.68$, $p < .01$).

A Posteriori Tests

For the Life Experiences Survey and Social Support System Rating Scale, no predictions were made prior to the study. Employing Tukey's (Kirk, 1968) test on variables where significant univariate results had emerged, there were no significant changes in the C group over time. The E group, however, evidenced significant pre versus post decreases in the number of family ($q(55) = 2.62$, $p < .05$) and formal ($q(55) = 2.95$, $p < .05$) social supports.

Consumer Satisfaction

The consumer satisfaction consisted of ten 5-point items (higher numbers indicating more positive scores). The seniors first rated how well the goals of the program were met. They gave an average rating of 3.3 for reducing anxiety when facing transitions; 4.0 for reducing negative self-statements when confronting transitions; 3.7 for increasing problem solving skills when facing transitions; and 3.7 for using social supports when confronted with transitions. In terms of how useful the procedures were, role playing was given an average rating of 3.5; group discussion, 4.1; and instructions, 3.4. Group leaders were given a rating of 4.2 in terms of being knowledgeable, and 4.5 for likeability. The students indicated they would recommend the program to others, and they gave this last item an average score of 3.8.

At the bottom of the consumer satisfaction questionnaire, the participants were asked to make any criticisms or suggestions about the program. One senior wrote that the relaxation exercises were boring and tedious. Three

youngsters wrote that the program should focus on more relevant problems such as teenage pregnancy, abortion, and divorce. Another senior indicated that while the program was very interesting, "...the procedures used in solving problems were a little weird." Another described the project as an "interesting and very different experience." Some of the other more positive comments are below: "I found this program beneficial in helping me discover positive things in my existance." "I know this program will come in handy in the future." "I will use some of these procedures in the future if I need help." "You really helped me to really think out all my problems and how to answer them. Thanks!!" "It helped me to help other people who are in difficult situations." "I think that problem solving is the most helpful to people at my age because we face problems everyday." "I feel that I have benefited from the sessions as I have gone through alot as my mother has been divorced twice and is married for the third time and I just moved from a small town to a large city."

The guidance counselor also filled out the consumer satisfaction questionnaire. She rated all items with the highest score possible. At the bottom of the form, she wrote, "I only wish you had enough facilitators to take the whole class. Thank you!" The religious studies teacher, whose class the children had been taken out of, indicated she would very much like to see the program provided to all the children in her classes the next year.

Discussion

The study's principal finding was that a primary preventive transition training program for high school seniors brought about significant positive

gains for program participants in cognitive resturcturing, coping strategies and length of stories generated, feelings of self-efficacy, and rational beliefs. In addition, the program was generally positively perceived by both the seniors and school staff. Among the control youngsters, few significant changes on a wide variety of criterion measures were found. These findings suggest that, at least in the short term, youngsters can profit from a preventive program involving role-playing, group discussion, and instruction which focuses on either establishing or strengthening anticipatory behavioral and cogitive strategies for dealing with potentially stressful transitional events.

In regard to the coping strategies, although directional pre-post increases were noted for Es in all four categories, the treatment group significantly differed from the C group only for cognitive restructuring techniques. When given a somewhat stressful transitional event, even after participation in the program, the majority of E youngsters still did not perceive the need for relaxing, generating alternatives and selecting the most appropriate one. On the other hand, the majority of program participants could utilize cognitive restructuring strategies and write longer stories by program end. There are several ways of interpreting these data. Conceivably, transition training programs might need to devote more than two sessions to the relaxation and problem solving units before youngsters readily employ these coping strategies in analogue situations. Alternatively, there might be a number of alternative coping strategies which are perceived as more relevant, adaptive, sustainable, and flexible by high school seniors undergoing potentially stressful life experiences (c.f., Silber, Hamburg,

Coelho, Murphey, Rosenberg & Pearlin, 1961).

By program end, the E youngsters indicated they could perform a significantly higher number of tasks on the Self-Efficacy test, and they evidenced significantly fewer irrational beliefs on the Irrational Beliefs Test. The enhancement in sense of self-efficacy and reduction in irrational beliefs on these tests supports the findings on the Coping Strategies test; that is, program participants seemed more able to construct more extended responses which tended to avoid illogical reasoning and focus on positive self-statements and positive evaluations of situations.

Neither E nor C youngsters evidenced much change on the Adolescent Problem Inventory. This Inventory is conceptualized as an assessment device to tap situation-specific, social behavioral skill deficits. Because of the nature of this instrument, it probably evaluated more generalized social and problem solving skills than were taught in the two sessions. While increases were noted on the more specific test of problem solving abilities (i.e., the percent of problem solving strategies used on the coping strategies test), at postpoint there were no significant differences among the E and C youngsters. Taken together, these findings indicate that assessed problem solving abilities were not significantly changed as a function of participating in the interaction.

On two ancillary indices, the Life Experiences Survey (positive score) and Social Support System Rating Scale (family and formal), significant univariate effects were found. In addition, the experimental group evidenced directional decreases in rated positive and negative life events and significant decreases in the number of family and formal supports. Possibly, the cognitive restructuring strategies were used by E youngsters to minimize strong

positive and negative affective responses to unanticipated and potentially disruptive life events. This is an admittedly post-hoc explanation, and consequently should be considered with caution. In terms of social supports, both E and C youngsters evidenced reductions in family and formal social supports; the effect, however, was statistically significant for only the E group. The intervention possibly expedited the graduating seniors' process of disengagement from more traditional sources of support. Levels of informal support, particularly friends, remained relatively unchanged for both E and C groups.

Several problems were encountered in actually implementing this preventive program. Within each of three classes, all the youngsters were initially randomly divided into E and C groups. Some of the C youngsters were disappointed that they were not able to participate in the project. An alternative treatment or attention placebo condition would have obviated this problem. In addition, the E children missed several religious studies classes. This problem was somewhat attenuated by the fact that by the end of the year most of these classes were being used as free study periods. Initial attempts to plan the intervention around actual study halls or homerooms failed due to logistic reasons. Finally, several youngsters felt that some of the transitions used in the program were not relevant. For example, thinking about responsibilities and requisite strategies for taking care of a first newborn child were extremely discordant experiences for many of the seniors. The youngsters responded more attentively to transitions which either the seniors or their personal friends had experienced. Future transition training programs might need to either select transitions which participants

can actively identify with, or establish requisite interest in transitions which might initially appear foreign.

Previous behavioral primary preventive interventions have tended to focus on specific developmental transitions (Jason, 1980). In contrast, the present study attempted to establish or strengthen generic coping skills applicable to diverse transitions. Hopefully, future research might attempt to: (a) replicate the present study; (b) investigate the effectiveness of transition training programs for other populations; and (c) devise programs which emphasize the establishment of different coping responses. There are limitless possibilities for investigating preventive transition training programs geared towards establishing coping responses by introducing limited stress under controlled conditions.

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Footnotes

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[3]Requests for reprints should be sent to Leonard Jason, DePaul University, Psychology Department, Chicago, IL, 60614.

Table 1

Pre and Post Data on Coping Strategies Test

		Pre Point	Post Point
Relaxation	E	17%	19%
	C	32%	10%
Cognitive Restructuring	E	19%	52%
	C	22%	7%
Problem Solving	E	4%	19%
	C	5%	13%
Social Supports	E	28%	30%
	C	20%	17%

Table 2

Pre Vs. Post Criterion Measures for E and C Groups (E = 27, C = 30)

			Pre		Post	
			$\bar{X}$	SD	$\bar{X}$	SD
Number Words Used in Scene		E	35.30	17.82	42.40	19.11
		C	32.10	19.59	36.30	18.03
Self-Efficacy	Tasks	E	3.15	1.23	3.70	1.30
		C	3.83	1.26	3.63	1.45
	Confidence	E	3.00	.61	3.15	.53
		C	3.21	.57	3.26	.70
Irrational Beliefs Test		E	295.81	20.72	283.42[a]	18.18
		C	294.70	15.71	292.70	18.19
Adolescent Problems Inventory		E	5.94	1.11	6.08[b]	1.22
		C	6.15	.56	6.18[c]	.91
Life Experiences Survey	Positive	E	2.02	.78	1.67[b]	.90
		C	2.19	.65	2.33	2.33
	Negative	E	1.51	.83	1.44[b]	.95
		C	1.56	.93	1.36	1.36
	Total	E	.44	1.24	.15[b]	1.19
		C	.51	1.13	.72	.72

Cont.

Table 3 (Cont.)

Social Support System Rating Scale	Family	E	4.59	1.21	4.04	1.26
		C	4.73	.94	4.47	1.01
	Formal	E	7.85	1.96	6.70	2.04
		C	8.33	2.23	7.87	1.76
	Informal	E	4.85	.86	4.96	.90
		C	4.60	1.07	4.73	1.08

$^{a}n = 24$

$^{b}n = 26$

$^{c}n = 28$